

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

63-025931  
6529 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1.  
2. 20  
3.  
4. 3  
5. 0  
6.  
7. 1  
8. 1  
9.  
10.  
11.  
12. 77-0  
13.

77

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>46yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>1486A Burd</b>	
3. NAME OF DECEASED (Type or print) First <b>Humphrey</b> Middle <b>Hairston</b> Last		4. DATE OF DEATH Month <b>6</b> Day <b>18</b> Year <b>63</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-7-1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Crawford Miss</b>	
13a. FATHER'S NAME <b>Marshall Hairston</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Mosley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW #1</b>		17. INFORMANT Address <b>Novella Hairston 1486A Burd Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Brain Syndrome</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>450.0</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10:55</b> a.m. <b>10:55</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		
21. I attended the deceased from <b>6-9-63</b> to <b>6-18-63</b> and last saw him alive on <b>6-18-63</b> Death occurred at <b>10:55 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>2601 N. Whittier</b>	
22a. SIGNATURE <i>H. Randle</i> (Degree or title)		22c. DATE SIGNED <b>6-20-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. NAME OF CEMETERY OR CREMATORY <b>National</b>	
23c. LOCATION (City, town, or county) <b>Jefferson Barracks</b>		23d. (State) <b>Mo</b>	
24. FUNERAL DIRECTOR <b>JAS H. RANDLE &amp; SON 3133 Bell Ave</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 21 1963</b>	
26. REGISTAR'S SIGNATURE <i>Earl Smith M.D.</i>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Esther H. Harris*

Licensed Embalmer No.

*4458*

P. O. Address

*418 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.